

2019-2020 Independent- Aggregate Verification Worksheet

Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and/or your spouse reported on the FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are any differences, your FAFSA information may need to be corrected. Please see signatures requirements at the end of the form, attach any required documents and submit to your financial aid administrator at your school. If you have any questions, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

INSTRUCTIONS: Complete all sections of this form, sign and return to Mitchell College

Financial Aid Office 437 Pequot Avenue New London, CT 06320 Phone: 800-443-2811 Fax: 860-701-5090

Section 1: STUDENT'S INFORMATION:

Last Name	First Name	M.I.	Date of Birth
Address	City		State
Student's Home Phone Number (Include area code)		Student's Cell Phone Number (include area code)	

Section 2: HOUSEHOLD MEMBERS ARE THE PEOPLE IN THE STUDENT'S HOUSEHOLD. Include:

- The student
- The student's spouse, if the student is married.
- The student's or spouse's children, if any, if the student or spouse will provide more than half of the children's support from July 1, 2019 through June 30, 2020, even if they don't live with the student.
- Other people if they **NOW** live with the student AND the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2020.

INSTRUCTIONS: Write the names, ages and relationships of all household members in spaces below. Also, include the name of the college for any household member, who will be enrolled, at least half time in a degree, diploma or certificate program at a postsecondary educational institution any time between July 1, 2019 and June 30, 2020. If more space is needed, attach a separate piece of paper with the student's name at the top.

FULL NAME	AGE	RELATIONSHIP	COLLEGE	WILL BE ENROLLED AT LEAST HALF TIME
Missy Jones (example)	20 (example)	Son (example)	Central University (example)	Yes (example)
		Self		

Section 3: NON-TAX RETURN FILERS (Student or Spouse listed in the household that did not and won't file a federal tax return)

Instructions:

- 1) Complete this section **and**
- 2) Submit documentation from the IRS, dated after October 1, 2018 that indicates a 2017 IRS income tax return was not filed with the IRS (To order a "Verification of Non-Filing" complete IRS 4506-T form, check Box 7 and mail to the appropriate IRS office)

A. Please check below those individuals who were not employed and had no income earned from work in 2017:

Student _____ Spouse _____ (if applicable)

B. Please check below those individuals who were employed in 2017 and did not file and are not required to file a 2017 federal tax return and complete chart below.

Student _____ Spouse _____ (if applicable)

INSTRUCTIONS FOR NON-TAX FILERS WHO WERE EMPLOYED: List below the employer(s), the amount earned from each employer in 2017 and attach a copy of the 2017 W-2s. If the W-2 is not attached, you must state the reason it is not attached. List every employer even if the employer did not issue a W-2 form. If more space is needed, attach a separate piece of paper.

NAME OF STUDENT OR SPOUSE	EMPLOYER'S NAME	ANNUAL AMOUNT EARNED IN 2017	W-2 ATTACHED? If No, give reason
Missy Jones (example)	Jim's Auto shop (example)	\$2,100 (example)	Yes (example)

WARNING: If you purposely give false or misleading information you may be fined, sent to prison or both.

Section 4: CERTIFICATION AND SIGNATURES:

Each person signing below certifies that all the information reported is complete and correct.

Student's Signature (Required)

Date

Spouse's Signature (optional)

Date

INSTRUCTIONS:

- The student must appear in person at Mitchell College to complete section 5.
 - If the student cannot appear in person at Mitchell College at the time of this request, SKIP Section 5 and complete Section 6 before a Notary.
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Section 5: IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE- (to be signed at Mitchell College)

A. The student must appear in person at Mitchell College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport.

Mitchell College will maintain a copy of the student's photo ID that is annotated with the date it was received and reviewed and the name of the official at Mitchell College authorized to collect the student's ID.

Mitchell College Official (Print Name)

Date

B. In addition, the student must sign, in the presence of the Mitchell College official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this *Statement of Educational Purpose* and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Mitchell College for 2019-2020.
(Print Student's Name)

Student's Signature

Date

Student ID

Section 6: IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE- (to be signed with a Notary)

A. If the student is unable to appear in person at Mitchell College to verify his or her identity, the student must provide to Mitchell College:

1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to a driver's license, other state-issued ID or passport; **AND**
2. The **original** Statement of Educational Purpose, which is provided below, **must be notarized.**

Statement of Educational Purpose

B. In addition, the student must sign, in the presence of a Notary the following:

I certify that I _____ am the individual signing this *Statement of Educational Purpose* and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Mitchell College for 2019-2020.
(Print Student's Name)

Student's Signature Date

Student ID

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____ before me _____
(Date) (Notary's Name)

personally appeared, _____, and proved to me on basis of
(Printed name of the signer)

satisfactory evidence of identification _____ to be the above-
(Type of government-issued photo ID provided)

named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
(Seal) (Notary Signature)

My commission expires on _____
(Date)